



## Volunteer Application

### Contact Information

Name	
Age	
Gender	
Street Address	
City, ST, ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings       Holidays  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

### Interests

Tell us in which areas you are interested in volunteering and what skills you have

- |   |   |
|---|---|
| <input type="checkbox"/> Administration         | <input type="checkbox"/> Accounting             |
| <input type="checkbox"/> Volunteer coordination | <input type="checkbox"/> Administrative Support |
| <input type="checkbox"/> Research               | <input type="checkbox"/> Communications         |
| <input type="checkbox"/> IT & Computer Skills   | <input type="checkbox"/> Counseling             |
| <input type="checkbox"/> Volunteer coordination | <input type="checkbox"/> Data Entry             |
| <input type="checkbox"/> Research               | <input type="checkbox"/> Filing                 |
| <input type="checkbox"/> IT & Computer Skills   | <input type="checkbox"/> Financial Consulting   |
| <input type="checkbox"/> Events                 | <input type="checkbox"/> Graphic Design         |
| <input type="checkbox"/> Field work             | <input type="checkbox"/> Journalism             |
| <input type="checkbox"/> Fundraising            | <input type="checkbox"/> Management             |
| <input type="checkbox"/> Deliveries             | <input type="checkbox"/> Photography            |
| <input type="checkbox"/> Phone bank             | <input type="checkbox"/> Project Management     |
| <input type="checkbox"/> Newsletter production  | <input type="checkbox"/> Public Relations       |
| <input type="checkbox"/> Volunteer Advisor      | <input type="checkbox"/> Public Speaking        |
| <input type="checkbox"/> Other (Specify)        | <input type="checkbox"/> Teaching               |
|   | <input type="checkbox"/> Technical Writer       |

**Believers United for Progress**  
**Our community, Our responsibility**

**Special Skills or Qualifications**

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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**Language Skill Proficiencies (Please indicate language and degree of proficiency)**

Language: \_\_\_\_\_ Speak: High  Med  Low  Read: High  Med  Low  Write: High  Med  Low   
Language: \_\_\_\_\_ Speak: High  Med  Low  Read: High  Med  Low  Write: High  Med  Low   
Language: \_\_\_\_\_ Speak: High  Med  Low  Read: High  Med  Low  Write: High  Med  Low   
Language: \_\_\_\_\_ Speak: High  Med  Low  Read: High  Med  Low  Write: High  Med  Low

**Previous Volunteer Experience**

Summarize your previous volunteer experience.

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**Person to Notify in Case of Emergency**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also understand that Believers United for Progress will not be responsible for any liabilities while volunteering with the organization.

Name (printed)	
Signature	
Date	

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**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

The following information to be collected is optional; However, it would be most helpful to us as we monitor the complete record of our program. In recognition to employees, volunteers, and the communities that we serve. The following responses are requested only to determine the diversity of BUFP.

Veteran:      Yes\_\_\_      No\_\_\_  
Disabled:     Yes\_\_\_      No\_\_\_  
Marital Status   Married\_\_\_      Single\_\_\_      Divorced\_\_\_      Widowed\_\_\_  
Ethnic Group: \_\_\_American Indian/Alaskan Native  
                  \_\_\_Asian/Pacific Islander  
                  \_\_\_Black/African American  
                  \_\_\_Hispanic/Latino  
                  \_\_\_Native Hawaiian/Other Pacific Islander  
                  \_\_\_White

Thank you for completing this application form and for your interest in volunteering with us, BUFP  
Please use the space below for any questions, comments or concerns that you may have.

Signature\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_\

Consent of Parent/Guardian for Applicants under age 18

Name:\_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_\_\_.